

DIESEL QUESTIONNAIRE (Rev. 2003)

Account Number: _____

Business Name: _____

- I. Type of business? Please provide brief description of what you do (for example, Electrical contractor performing underground cable work).

- II. How many locations are involved in the claim? _____ Do not list job sites. **List only the permanent locations where you normally conduct business, including equipment yards.** List address of each location.

- III. Description of Exempt Use. Please be specific. For example; "loaders, scraper used off-highway, and PTO on winch truck." **Please indicate if refrigerated units have separate fuel tanks.**

Do you have any on-highway use of diesel? *YES _____ **NO _____

*If YES, please indicate the frequency and duration of on-highway usage

**If NO, please indicate (if appropriate) how off-highway equipment is transported

- IV. **Please attach a list of *all* equipment and vehicles using the format below.**

Equipment/Vehicle Description	On-hwy/Off-hwy	Type of Fuel Used*
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_____	_____	_____
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_____	_____	_____
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* gasoline, diesel, LPG, electric, etc.

- V. Describe how off-highway equipment and vehicles are fueled (i.e., **bulk, cardlock, service station, fuel wagon, or tanks attached to vehicles**). If more than one means of fueling is used, please describe use of each.

- VI. Do you purchase dyed diesel? Yes ___ No ___ If yes, please explain how you use the dyed fuel and how you account for it.

- VII. Do you sell clear diesel to other users? Yes ___ No ___ If yes, please attach a summary of the number of gallons sold, customer's name, and date of sale with your claims for refund.

- VIII. If you have bulk storage, please provide the following information, listing each tank separately:

	Aboveground tanks? Yes	_____	No	_____
	Number of Tanks		_____	Capacity per tank (gallons)
_____	Type of Fuel Stored			_____
	Belowground tanks? Yes	_____	No	_____
	Number of Tanks		_____	Capacity per tank (gallons)
_____	Type of Fuel Stored			_____

If you have belowground tanks:

Tank account number - **TK MT 44**-_____

Who is the owner of the tanks?

Site address of underground tanks:

IX. **How do you arrive at the number of gallons you are claiming as being used in an exempt manner?** Please attach a detailed description for each exempt use claimed on the *Claim for Refund of Diesel Fuel Tax on Nontaxable Uses*.

- a. Actual, based on log or card key coded for each specific type of equipment claimed on actual basis. Please provide representative sample (monthly/quarterly) as it relates to the claim. If the sample is not for the entire claim period, you will need to break down your exempt gallons claimed to correspond with the sample.
- b. Percentage. How do you arrive at the percent used? Also, please provide a copy of test documents, if applicable, and a description of how the test was performed. When was the test performed? How is the percentage being applied (i.e., total purchases, usage, usage of only specific equipment)?
- c. Other - Explain in detail. (Attach worksheets or schedules if necessary.)

X. List all diesel fuel accounts your company has with the Board of Equalization.

XI. **Are you an IFTA carrier?** Yes ___ No ___ If yes, please list your IFTA account number _____ and IFTA state _____.

Include the following information relating to your operations only if gallons being claimed are for diesel fuel used in vehicles other than your IFTA vehicles operated off-highway or fuel used in power take-off equipment or refrigerated units:

- a. **Total California** purchases of diesel fuel. Identify IFTA fuel, non-IFTA fuel, and reefer fuel.
- b. **Total California** miles driven for entire fleet. Separately state IFTA and non-IFTA miles.
- c. Miles per gallon (mpg) of entire diesel fleet. Separately state IFTA mpg and non-IFTA mpg.

In addition, please provide a copy of your *IFTA 101MN, IFTA quarterly fuel use tax schedule*.

XII. Please complete the following

Type of entity (individual, partnership, corporation, limited partnership, etc.)

Owner's name (List general partners and partnership name if applicable)

Owner's social security number/Federal Identification Number

Name and title of person preparing this form. Please print.

Signature of person preparing this form.

Telephone Number

Fax Number

Date

Name and title of contact person (if different than preparer)

Telephone Number (if different than preparer)

Email Address